

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 22, 1983

## ALL COUNTY INFORMATION NOTICE I-42-83

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CHIEF PROBATION OFFICERS  
ALL LICENSED ADOPTION AGENCIES  
ALL DISTRICT ADOPTIONS OFFICES

SUBJECT: REVISION OF THE AFDC-FC FORM: "CERTIFICATION OF AFDC-FC  
REQUIREMENTS" (FC 5)

The "Certification of AFDC-FC Requirements" (FC 5) has been revised, principally to conform to changes in services requirements for foster care mandated by AB 2695 (Ch. 977, Statutes of 1982). Additional changes have been made to the form to allow it to be used in lieu of the separate notification of placement forms that many counties now use and to reflect the fact that children whose placement and care is with individuals named in direct court orders are no longer eligible for AFDC-FC.

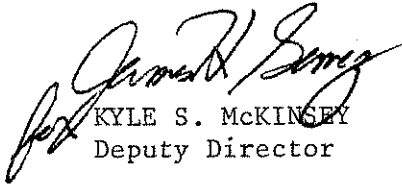
The FC 5 continues to be a required form with substitute permitted with prior department approval (see MPP Section 23-400.112). All current approvals of substitute forms will be automatically revoked when counties are notified that the revised form is available for purchase from the DSS warehouse.

An advance copy of the FC 5 is attached which you may reproduce locally. Printed copies, which may be purchased from the DSS warehouse, will be available on about May 1, 1983. Counties will be notified of this via the GEN 127 Notice of Form Change. At that time the current version of the FC 5 will become obsolete. Because this form will again be revised in October, we will maintain a limited stock. To allow us to control our inventory, orders should be limited to one-month usage increments.

Because preplacement preventive services must be provided all children placed into foster care on or after October 1, 1983, the FC 5 will be revised at that time. If your comments or suggestions concerning improvements to the form are received prior to June 1, 1983, they will be considered in that revision.

Please forward any comments, requests for substitutions or questions concerning the FC 5 to:

State Department of Social Services  
Foster Care Program Bureau  
744 P Street, Mail Station 7-185  
Sacramento, California 95814  
(916) 445-0813 (ATSS: 485-0813)

  
KYLE S. McKINSEY  
Deputy Director

Attachment

## CERTIFICATION OF AFDC-FC REQUIREMENTS

CHILD'S NAME		CASE NAME		CASE NUMBER	
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Check ALL Applicable Items

<input type="checkbox"/> Application for AFDC-FC (Complete A, C, E, F and, if applicable, B)	<input type="checkbox"/> Change of Authority for Placement (Complete A and, if applicable, B)	<input type="checkbox"/> Child no longer in Placement (Complete D)	<input type="checkbox"/> Change of Payment Information (Complete F)
<input type="checkbox"/> Redetermination of AFDC-FC Eligibility (Complete A, C, E, F and, if applicable, B)	<input type="checkbox"/> Change of Court Order Status (Complete B)	<input type="checkbox"/> Change of Placement and/or Licensing Status (Complete D, E, and F)	

<b>A. AUTHORITY FOR PLACEMENT</b>	1. <input type="checkbox"/> Court Order(s) on file. (Complete B)	<input type="checkbox"/> Detention Order Date entered:	<input type="checkbox"/> Dispositional Order Date entered:
	2. <input type="checkbox"/> Parental rights terminated/child relinquished to a licensed adoption agency.	Adoption agency is: <input type="checkbox"/> Public <input type="checkbox"/> Private	Effective date
	3. <input type="checkbox"/> Voluntary placement agreement signed by parent or guardian and placement agency representative on file.		Effective date
	4. <input type="checkbox"/> Nonrelated legal guardian; Letters of Guardianship of the Person on file.		Effective date
	5. <input type="checkbox"/> Agreement signed by child age 18 and placement agency representative on file. (For continuing placements only)		Effective date

<b>B. COURT ORDER STATUS</b>	1a. Court Number	1b. Date petition filed which led to removal	1c. Court order designates placement and care responsibility to: <input type="checkbox"/> CWD <input type="checkbox"/> Probation <input type="checkbox"/> Other (specify):	
	1d. Name of relative from whom removed		1e. Date child last resided with relative from whom removed	
	2a. <input type="checkbox"/> Dependency/Wardship dismissed	2b. <input type="checkbox"/> Detention order no longer in effect.	2c. Date order dismissed/lapsed	2d. <input type="checkbox"/> New authority for placement established. (Complete A)
	3a. <input type="checkbox"/> Court jurisdiction transferred to _____ County		3b. Effective date of court jurisdiction transfer	

<b>C. SERVICES REQUIREMENTS</b>	1. <input type="checkbox"/> An assessment and a service plan were developed within 30 days of services intake or removal.		Date completed	
	2. <input type="checkbox"/> The assessment and service plan were updated at the time of the periodic review or, if a guardianship case, every 6 months.		Date of most recent update	
	3a. <input type="checkbox"/> Periodic reviews have been conducted at least every 6 months	Date of last review	3b. <input type="checkbox"/> Permanency planning hearings have been conducted at least every 18 months	Date of last hearing
	4. <input type="checkbox"/> The child has been visited at least once every 6 months	Date of last visit	5. Services provided are: <input type="checkbox"/> Family Reunification <input type="checkbox"/> Permanent Placement	6. <input type="checkbox"/> Family planning services offered as appropriate.

<b>D. PRIOR PLACEMENT</b>	1. Removed from (facility name and address)		2. Effective date	
	1. Effective date	2. Facility name	2a. License number	
2b. Facility address				

<b>E. CURRENT FACILITY INFORMATION</b>	1. <input type="checkbox"/> Licensed family home	2. <input type="checkbox"/> Approved family home; certified, license-pending	2a. <input type="checkbox"/> Certification on file that this home meets licensing standards and that a licensed facility is not available or does not meet this child's service needs.	
	3. <input type="checkbox"/> Approved family home exempt from licensing	3a. This exempt home is the home of: <input type="checkbox"/> Child's relative <input type="checkbox"/> Child's guardian	3b. <input type="checkbox"/> This home is suited to the child's needs	4. <input type="checkbox"/> Certified exclusive-use home of a homefinding agency licensed by SDSS
	5. <input type="checkbox"/> Private licensed group home	5a. Group home is: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit	5b. <input type="checkbox"/> Placement in a group home is necessary to meet the child's treatment needs and this group home offers the needed treatment services.	

<b>F. PAYEE/PAYMENT INFORMATION</b>	1. Effective date	2. Payee name		3. Payee address is: <input type="checkbox"/> Facility address <input type="checkbox"/> On Reverse	
	4. Payee is: <input type="checkbox"/> Above Family or Group Home	<input type="checkbox"/> The CWD or probation placement worker	<input type="checkbox"/> A cooperating public or non-profit private child placement or child care agency (i.e., licensed homefinding agency)		The child, age 16 or over, as his/her own payee while temporarily absent from the foster facility (see EAS 45-301.213)
	5. Basic monthly rate	6a. Increment	6b. Special care rate	6c. Increment justification	6d. Approval

☐ Additional information and/or Comments on Reverse

All information recorded on this form is true and correct to the best of my knowledge.

SIGNATURE OF PLACEMENT WORKER		DATE	TELEPHONE NUMBER
NAME OF AGENCY		ADDRESS - LOCATION	